

STATINTL

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Next 1 Page(s) In Document Exempt

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or GSA use only)

INTERAGENCY REPORTS  
CONTROL NUMBER

0258-GSA-AN

FACILITY NAME AND ADDRESS (Include ZIP Code)

## 2. EMPLOYEE TRANSPORTATION COORDINATOR

|         |  |
|---------|--|
| A. NAME |  |
|---------|--|

|          |  |
|----------|--|
| B. TITLE |  |
|----------|--|

**C. AGENCY**

D. TELEPHONE NO.

### 3. EMPLOYEE TRANSPORTATION PROFILE

[illegible]

#### 4. FACILITY CHARACTERISTICS

### QUALITY LOCATION

☐ URBAN AREA      ☐ SUBURBAN AREA      ☐ RURAL AREA

|  |  |
|--|--|
| B. IS FACILITY SERVED BY MASS TRANSIT? |  |
|--|--|

☐ YES ☐ NO

C. DOES FACILITY PROVIDE PREFERENTIAL PARKING FOR CAR POOLS AND VANPOOLS?

☐ YES      ☐ NO      (If "YES," complete Item D) \_\_\_\_\_

## D. NO. OF VANPOOL PARKING SPACES ASSIGNED

**ARE RIDE MATCHING SERVICES AVAILABLE TO EMPLOYEES?**

|  |  |
|--|--|
| F. WHERE ARE RIDE MATCHING SERVICES BASED? |  |
|--|--|

☐ AT FACILITY      ☐ COMMUNITY

|   |  |
|---|--|
| G. IS PROGRAM INTER-RELATED WITH PROGRAMS AT NEARBY FACILITIES? |  |
|---|--|

☐ YES ☐ NO

DESCRIBE PROMOTIONAL EFFORTS AT THE FACILITY (Use reverse if necessary)

AD OF FACILITY (Name)

| TITLE |
|-------|
|-------|

**SIGNATURE**

DATE \_\_\_\_\_

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